

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2008

PLEASE PRINT OR TYPE

Be sure to sign and date in

The space provided

Institute, Organization, or Agency Conducting Program	Title of Program or Description of content	Location of Program	Dates Attended	Number of Hours Claimed	Documentation Attached

Total hours claimed _____

AFFIDAVIT

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Licensed Landscape Architect

Sworn to and subscribed before me this ____ day of _____, 200__

Notary Public _____

Printed/Typed Name of Licensed Landscape Architect

NOTARY SEAL

License Number _____

Daytime Telephone Number _____